

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Cruz for President**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LINDA TROCINE**

Mailing Address 487 ARTESIA ST.

City	State	Zip Code
OVIEDO	FL	32765-8122

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KELLER WILLIAMS HERITAGE**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

741.00

**Transaction ID : SA17.404123**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		26		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

141.00

**B. Full Name (Last, First, Middle Initial)**

**MRS. LINDA TROCINE**

Mailing Address 487 ARTESIA ST.

City	State	Zip Code
OVIEDO	FL	32765-8122

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**KELLER WILLIAMS HERITAGE**

Occupation  
**REALTOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

741.00

**Transaction ID : SA17.524397**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		25		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**C. Full Name (Last, First, Middle Initial)**

**MR. PAUL TRONE**

Mailing Address 1507 N. GUADALUPE STREET

City	State	Zip Code
CARLSBAD	NM	88220-8815

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**EDWARD JONES MAKING SENSE OF INVESTING**

Occupation  
**FINANCIAL ADVISOR**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.473510**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		01		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

**Subtotal Of Receipts This Page (optional)**.....

1641.00

**Total This Period (last page this line number only)**.....